

**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

Form approved  
Office of Management  
and Budget  
No 1215 0188  
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT**

1 File Number U <b>3935</b>	2 Fiscal Year Covered From 1 / 1 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing Name Earl F Viox  P O Box Bldg Room No if any  Street 14920 Walker Road  City Ste Genevieve  State Missouri ZIP Code +4 63670	4 Name file number and address of labor organization Name Quarry Workers Local 829 -- L I U N A  Labor Organization File Number <b>012-912</b>  P O Box Building and Room Number if any  Street 380 Market Street  City Ste Genevieve  State Missouri ZIP Code +4 63670
5 Position in labor organization President	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Mississippi Lime Company  Trade Name if any  P O Box Bldg Room No if any  Street 16147 Highway 61  City Ste Genevieve  State Missouri ZIP Code +4 63670	7 a Nature of Interest Transaction or Income Pay for monthly Labor Relations Meeting per Collective Bargaining Agreement          7 b Amount          \$987

**Signature**

**15 Signature and verification** The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed Earl F. Viox

On 4-10-06 (573) 483 9945  
Date Telephone Number

Name of Person Filing Earl Viox	File Number U
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8 Name and address of Business (including trade name if any)**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

**9 Business deals with**

☐ a Labor Organization

☐ b Trust

☐ c Employer

**10 If 9 b or 9 c is checked give trust or employer's name**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

**11 a Nature of such dealing**

Nothing to report

**11 b Approximate dollar value of such dealing**

**12 a Nature of interest held or income received**

Nothing to report

**12 b Amount**

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

**14 a Nature of payment.**

Nothing to report

**13 b Is the Business an Employer** ☐ **or Consultant** ☐ **?**

**14 b Amount of payment.**